Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

BARRETT S BRONW MD
7401 SOUTH MAIN STREET
HOUSTON TEXAS 77030

Respondent Name
WAL MART ASSOCIATES INC

Carrier's Austin Representative
Box Number 53

MFDR Tracking Number
M4-13-0691-01

MFDR Date Received
November 13, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary taken from the request for reconsideration letter: "Procedure 29822 is being denied as being bundled or not covered. However, we disagree with your denial as procedure 29822 is for labrum and is considered as separate site in the shoulder. This is separate from procedure 29826 (subacromila decompression), 29827 (rotator cuff repair) as all these involved separate tissues in the shoulder and cannot be bundled or incidental as done independent of others. The description of 29827 or 29826 does not fully describe the debridement of labrum as part of that procedure, neither does the performance of 29827 or 29826 fix the pathology associated with glenoid labrum. I have attached additional documentation for review along with EOB and claim form along with CODED OPERATIVE REPORT. We respectfully ask that claim be reprocessed for additional payment."

Amount in Dispute: $1,161.65

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "29822 labrum debridement correctly denied for pmnt on the following basis: Not separately reportable per NCCI Edits; 29822 is a column 2 code to both 29827 & 29826 with a modifier status of '1'. PER NCCI CHAPTER 1, GENERAL CORRECT CODIGN POLICY: Most edits involving paired organs or structures (e.g. eyes, ears, extremities, lungs, kidneys) have modifier indicators of '1' because the two codes of the code pair edit may be reported if performed on the contralateral organs or structures. Most of these code pair edits should not be reported with NCCI-associated modifiers when performed on the ipsilateral organ or structure unless there is a specific coding rationale to bypass the edit. The existence of the NCCI edit indicates that the two codes generally cannot be reported together unless the two corresponding procedures are performed at two separate patient encounters or two separate anatomic locations as recognized by coding conventions. However, if the two corresponding procedures are performed at the same patient encounter and in contiguous structures, NCCI-associated modifiers generally should not be utilized. . . As all procedures on same shoulder, in same o session, with customary descriptors on which Edits are based, modifier 59 exception is not supported."

Response Submitted by: Claims Management, Inc.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 22, 2011	29822-59	$1,161.65	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203 sets out the fee guidelines for professional medical services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits
   - 97 – Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated
   - 899 – In accordance with clinical based coding edits (National Correct Coding Initiative/outpatient code editor) component codes of comprehensive surgery musculoskeletal system procedure (20000-29999) has been disallowed
   - 1014 – The attached billing has been re-evaluated at the request of the provider, based on this re-evaluation, we find our original review to be correct therefore, no additional allowance appears to be warranted
   - W1 – Workers Compensation State Fee Schedule Adjustment
   - 285 – Please refer to the note above a detailed explanation of the reduction(29822 debridement is not separately reportable per NCCI Edits. As all procedure son same shoulder, in same op session, with customary descriptors on which Edits are based, modifier 59 exception is NOT supported

Issues

1. Did the requestor bill in conflict with the NCCI edits?
2. Did the requestor's documentation support the use of the 59 modifier?
3. Is the requestor entitled to reimbursement?

Findings

1. Per 28 Texas Administrative Code §134.203 "(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."
   - The requestor seeks reimbursement in the amount of $1,161.65 for CPT code 29822-59 rendered on December 22, 2011.
   - The requestor billed the following CPT codes on December 22, 2011; 29827, 29826, 29822-59.
   - NCCI edits were run to determine if edit conflicts exists for the following CPT codes; 29827, 29826 and 29822-59.
   - Per CCI Guidelines, Procedure Code 29822 [Arthroscopy, shoulder, surgical; debridement, limited] has a CCI conflict with Procedure Code 29826 [Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)].
   - The requestor appended modifier 59 to CPT code 29822. The CPT Manual defines modifier -59 as follows: Modifier -59: "Distinct Procedural Service: Under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier 59 is used to identify procedures/services that are not normally reported together, but are appropriate under the circumstances. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same physician. However, when another already established modifier is appropriate, it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used."
2. Review of the submitted documentation finds that the requestor did not meet the requirements for appending modifier -59 to CPT code 29822. The requestor did not identify in the documentation presented for review that the procedure is a distinct or independent procedure from other services performed on the same day. The CPT code 29822 has an NCCI edit conflict with CPT code 29826 reimbursed by the insurance carrier.
3. For the reasons indicated above, reimbursement for CPT code 29822-59 is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

		September 13, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4.